

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		7. CLASS OF STATION: (enter code) FXO	8. ELIGIBILITY RULE SECTION: 90.75(a)1
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 10160 SW 184 St.		B. CITY: Miami
C. COUNTY: Dade	D. STATE: FL	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 25-35-47 N LONGITUDE: 80-21-21 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: None Available		FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: NA		
12E. CURRENT LICENSEE'S CALL SIGN: N/A		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 360 FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 14 FT		
16A. NEW OR NEAREST AIRCRAFT LANDING AREA: New Tamiami		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NW 5 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Approved by OMB
3060-0064
Expires 10/31/92
See instructions for information
regarding public burden estimate.


FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) 103 Dunbar Ave.		B. CITY: Oldsmar	
C. COUNTY: Pinellas	D. STATE: FL	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 28-02-20 N LONGITUDE: 82-39-29 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Cutler Comm. Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: IB	
12E. CURRENT LICENSEE'S CALL SIGN: WNPV517	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **639** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **10** FT

16A. ~~Tampa~~ **NEW** AIRCRAFT LANDING AREA: 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **ESE 12 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 9830 Anders Blvd.	B. CITY: Jacksonville
C. COUNTY: Duval	D. STATE: FL
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 30-16-27 N LONGITUDE: 81-33-13 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Johnson Comm.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	
12E. CURRENT LICENSEE'S CALL SIGN: WNNP524	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 999 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 50 FT	
16A. ORIGIN OF NAME AIRCRAFT LANDING AREA	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NE 4 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


F NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC/MELLON JAN 14 1992

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SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners			3. CALL SIGN: (If application refers to an existing Part 94 station)			
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437			4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)			
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.			5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist			
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY			5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636			
7A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			7. CLASS OF STATION: (enter code) FXO			
			8. ELIGIBILITY RULE SECTION: 90.75(a)1			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 255 South Orange Ave.		B. CITY: Orlando
C. COUNTY: Orange	D. STATE: FL	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 28-32-21 N LONGITUDE: 81-22-44 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:		FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:		
12E. CURRENT LICENSEE'S CALL SIGN:		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 280 FT		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 13 FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 293 FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 120 FT		
16A. ORIGIN OF NEAREST OBSTACLE LANDING AREA:		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY E 2.3 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE
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FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☒ NO

COMELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners			3. CALL SIGN: (If application refers to an existing Part 94 station)		
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437			4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)		
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.			5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist		
			5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636		
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY			7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 					
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED		
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:		
A. NUMBER AND STREET: (or other specific indication) 525 S. Flagler Dr.		B. CITY: West Palm Beach
C. COUNTY: Palm Beach	D. STATE: FL	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 26-42-28 N LONGITUDE: 80-03-06 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:		FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:		
12E. CURRENT LICENSEE'S CALL SIGN:		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 306 FT		
9. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 13 FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 319 FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 38 FT		
16A. WAMPAM BEACH AIRPORT LANDING AREA:		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SE 3 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
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FCCIMELLON JAN 14 1992

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SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
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7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
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	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)
.5 mi W of I-4 on SR-582B. CITY:
LakelandC. COUNTY:
Polk CountyD. STATE:
FLE. COORDINATES: (Degrees, Minutes, Seconds)
LATITUDE: **28-04-46** N LONGITUDE: **82-02-27** W12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET? **FT**12C. NAME OF CURRENT LICENSEE USING STRUCTURE:
Mobilecomm of FL

FOR COMMISSION USE ONLY

12D. CURRENT LICENSEE'S RADIO SERVICE:
CD

ASB:

12E. CURRENT LICENSEE'S CALL SIGN:
KPA41113. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **492** FT14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC. **80** FT14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **0** FT9. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **0** FT14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **119** FT15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **119** FT16A. ~~Lakeland~~ NEAREST AIRCRAFT LANDING AREA: 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SSW 6 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES

☒ **DELLON JAN 14 1992**

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) West of I-95	B. CITY: Palm Bay
C. COUNTY: Brevard	D. STATE: FL
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 27-59-18 N LONGITUDE: 80-43-34 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Watson Paving Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YB	
12E. CURRENT LICENSEE'S CALL SIGN: WNVX308	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 499 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 21 FT	
16A. NAME OF NEAREST AIRPORT AND LANDING AREA: Melbourne Regional	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NE 9 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

REC'D MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		7. CLASS OF STATION: (enter code) FXO	8. ELIGIBILITY RULE SECTION: 90.75(a) 1
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Indian Lake Rd.		B. CITY: Daytona Beach	
C. COUNTY: Volusia	D. STATE: FL	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 29-10-28 N LONGITUDE: 81-09-28 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Area Paging, Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: CD	
12E. CURRENT LICENSEE'S CALL SIGN: KNKM325	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **495** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **37** FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **37** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **37** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **37** FT

16A. NAME OF NEAREST AIRPORT AND LANDING AREA: **Daytona Beach Reg.** 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **E 5.5 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB
3060-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		7. CLASS OF STATION: (enter code) FXO	8. ELIGIBILITY RULE SECTION: 90.75(a) 1
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 2119 Carter Road	B. CITY: Estero
C. COUNTY: Lee	D. STATE: FL
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 26-25-22 N LONGITUDE: 81-37-49 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: WEVU	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GU	
12E. CURRENT LICENSEE'S CALL SIGN: WNPO360	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 1224 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 25 FT	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: SWFW Regional	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NW 11.4 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY

NUMBER:		SEND TO ASB: <input type="checkbox"/> YES <input type="checkbox"/> NO	
FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.			
SECTION I-IDENTIFICATION INFORMATION			
1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY)			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
DESCRIBE ANY OTHER CHANGES:			
10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
SECTION II-ANTENNA INFORMATION			
11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:			
A. NUMBER AND STREET: (or other specific indication) .3 mi W of Tatum Rd.		B. CITY: Sarasota	
C. COUNTY: Sarasota		D. STATE: FL	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 27-20-06 N LONGITUDE: 82-25-13 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Pepsi Cola		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: GB			
12E. CURRENT LICENSEE'S CALL SIGN: WQA6780			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 420 FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 33 FT			
15. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 33 FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 33 FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 33 FT			
16A. NAME OF NEAREST AIRPORT AND LANDING AREA: Sarasota Bradenton		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NW 9 Mi	

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY

E NUMBER:


SEND TO ASB: ☐ YES ☐ NO

FCC FILED ON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	

9A. PURPOSE OF APPLICATION:
☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) US 1, .7km S Rt.713	B. CITY: Vero Beach
C. COUNTY: Indian River	D. STATE: FL
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 27-32-46 N LONGITUDE: 80-22-08 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: AMK Comm.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	
12E. CURRENT LICENSEE'S CALL SIGN: WNIX409	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 485 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 33 FT	
16A. NAME OF NEAREST AIRPORT AND LANDING AREA: St. Johns County Airport	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAYS S 3 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY

NUMBER:

SEND TO ASB: ☐ YES ☐ NO


REC/MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS. (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9A. PURPOSE OF APPLICATION:

☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION			OLD VALUE OF KEY ITEMS CHANGED						
	A	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	B	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	C	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	D	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	E	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) Stone Mountain		B. CITY: Stone Mountain	
C. COUNTY: DeKalb	D. STATE: GA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 33-48-18 N LONGITUDE: 84-08-40 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GX	
12E. CURRENT LICENSEE'S CALL SIGN: WNPQ825	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **180** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **0** FT

HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **0** FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **0** FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **1629** FT

16A. DIRECTION AND DISTANCE TO NEAREST RUNWAY **WNW 11 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☒ NO

RECEIVED JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203)347-7636	
7A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) 5510 Union Church St.		B. CITY: Flowery Branch	
C. COUNTY: Hall	D. STATE: GA	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-07-32 N LONGITUDE: 83-51-31 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET? _____ FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Trent, Roger	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YB	
12E. CURRENT LICENSEE'S CALL SIGN: WNWI204	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **1764** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC. _____ FT

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) _____ FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) _____ FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? _____ FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **860** FT16A. GIVE THE NEAREST AIRCRAFT LANDING AREA: _____ 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: **NNE 10.9 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

Approved by OMB
3060-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☐ NO

NOVEMBER JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 2323 Tyler Rd.	B. CITY: Hoover
C. COUNTY: Jefferson	D. STATE: AL
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 33-25-03 N LONGITUDE: 86-49-56 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: City of Hoover	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: PP	
12E. CURRENT LICENSEE'S CALL SIGN: KTP978	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 609 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 940 FT	
16A. NAME OF NEAREST AIRCRAFT LANDING AREA: Birmingham Municipal	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY: NE 8.3 Mi

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY

E NUMBER:

SEND TO ASB: ☐ YES ☒ NO

COMPELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS. (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY <input checked="" type="checkbox"/> PARTNERSHIP		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9A. PURPOSE OF APPLICATION:
☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) **▶**

9B.	PATH	ACTION			OLD VALUE OF KEY ITEMS CHANGED						
	A	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	B	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	C	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	D	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32
	E	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	20		30		31		32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 5100 Poplar Ave.	B. CITY: Memphis
C. COUNTY: Shelby	D. STATE: TN
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 35-06-45 N LONGITUDE: 89-53-32 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE:	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE:	
12E. CURRENT LICENSEE'S CALL SIGN:	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 400 FT	
B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 13 FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 413 FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 319 FT	
16A. Memphis International Airport CRAFT LANDING AREA:	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SW 4.5 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) App.1 mi W Ch.30 Tower	B. CITY: Nashville
C. COUNTY: Davidson	D. STATE: TN
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 36-15-56 N LONGITUDE: 86-48-22 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET? **FT**

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: TRS INC	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	
12E. CURRENT LICENSEE'S CALL SIGN: WNPK 525	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **720** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) **FT**3. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) **FT**14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? **FT**15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **840** FT16A. NAME OF NEAREST AIRCRAFT LANDING AREA: **John C. Tune**16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SW 6 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY

1. NUMBER:

SEND TO ASB: ☐ YES ☐ NO

RECEIVED JAN 12 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203)347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	

9A. PURPOSE OF APPLICATION:

☒ NEW STATION ☐ MODIFICATION (SEE 9B & 9C) ☐ MODIFICATION WITH RENEWAL (SEE 9B & 9C) ☐ ASSIGNMENT OF AUTHORIZATION ☐ OTHER (SPECIFY) 

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) .5 mi off 200 on SR 2312		B. CITY: Summerfield	
C. COUNTY: Guilford	D. STATE: NC	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 36-13-00 N LONGITUDE: 79-54-28 W	

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO

12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Motorola	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: YX	
12E. CURRENT LICENSEE'S CALL SIGN: KNDH363	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **597** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **874** FT

16A. NAME OF AIRCRAFT LANDING AREA: 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SE 6.3 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY


FILE NUMBER:

SEND TO ASB: ☐ YES ☒ NO

SMELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: 203 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 4801 E Independence Blvd.	B. CITY: Charlotte
C. COUNTY: Mecklinburg	D. STATE: NC E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 35-11-36 N LONGITUDE: 80-45-44 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Dons Auto Parts	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: IB	
12E. CURRENT LICENSEE'S CALL SIGN: WNCT741	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC:	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) 169 FT	
1. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) 39 FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? 208 FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 738 FT	
16A. DELETED NEAREST AIRCRAFT LANDING AREA:	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY ENE 2.7 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


F NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC MAIL ON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners	3. CALL SIGN: (If application refers to an existing Part 94 station)
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437	4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.	5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY	5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636
7. CLASS OF STATION: (enter code) FXO	8. ELIGIBILITY RULE SECTION: 90.75(a) 1
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 	

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED			
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31	32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) 8 Tower Drive	B. CITY: Greenville	
C. COUNTY: Greenville	D. STATE: SC	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 34-56-29 N LONGITUDE: 82-24-41 W

12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Federal Express Co	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GB	
12E. CURRENT LICENSEE'S CALL SIGN: KNHQ738	

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **200** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE), (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **2045** FT16A. GREENVILLE DOWNTOWN 16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SE 5.5 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


F NUMBER:

SEND TO ASB: ☐ YES ☐ NO

FCC/MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners			3. CALL SIGN: (If application refers to an existing Part 94 station)		
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437			4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)		
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.			5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist		
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY			5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636		
7. CLASS OF STATION: (enter code) FXO			8. ELIGIBILITY RULE SECTION: 90.75(a)1		
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 					
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED		
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20	30	31

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) .6 mi W of I-70/NC2558		B. CITY: Raleigh	
C. COUNTY: Wake	D. STATE: NC	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 35-40-35 N LONGITUDE: 78-32-09 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Adv. Mobile Comm NC		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: YX			
12E. CURRENT LICENSEE'S CALL SIGN: KNGF945			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 2000 FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT			
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 316 FT			
16A. NAME OF NEAREST AIRCRAFT LANDING AREA Raleigh-Durham		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY ENE 9 Mi	

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

Approved by OMB

3060-0064

Expires 10/31/92

See instructions for information
regarding public burden estimate.

FOR COMMISSION USE ONLY


1. NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:	
A. NUMBER AND STREET: (or other specific indication) 331 Sharps Ridge Rd.	B. CITY: Knoxville
C. COUNTY: Knox	D. STATE: TN
E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 36-00-08 N LONGITUDE: 83-56-41 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Pagemart Inc.	FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: GS	
12E. CURRENT LICENSEE'S CALL SIGN: WNSU209	
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 200 FT	
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.	
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT	
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT	
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT	
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 1320 FT	
16A. KM529 NEAREST AIRCRAFT LANDING AREA	16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY SE 4.5 Mi

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


FOR COMMISSION USE ONLY

F NUMBER:

SEND TO ASB: ☐ YES☒ NO: 1 ON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a)1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

.45 mi S on Hand Ave.

B. CITY:

Mobile

C. COUNTY:

Mobile

D. STATE:

AL

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **30-44-07** N LONGITUDE: **88-07-17** W12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? ☐ YES ☒ NO
IF YES, BY HOW MANY FEET?

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

Pagemart Inc.

12D. CURRENT LICENSEE'S RADIO SERVICE:

GS

12E. CURRENT LICENSEE'S CALL SIGN:

WNWB476

FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT

620 FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.:

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE)

FT

15. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0)

FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)?

FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE

50 FT

16A. NAME OF NEAREST AIRPORT AND LANDING AREA:

Brookley Airport16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **SE 7.5 Mi**

**APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE**

FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☒ NO

FCC MELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 		7. CLASS OF STATION: (enter code) FXO	
		8. ELIGIBILITY RULE SECTION 90.75(a) 1	
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication) 3.5 mi SE Johnson City		B. CITY: Johnson City	
C. COUNTY: Washington	D. STATE: TN	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 36-16-07 N LONGITUDE: 82-20-21 W	
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E... <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Powell, Wayne		FOR COMMISSION USE ONLY ASB:	
12D. CURRENT LICENSEE'S RADIO SERVICE: YX			
12E. CURRENT LICENSEE'S CALL SIGN: WNNW291			
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 180 FT			
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.			
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT			
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT			
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT			
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 3205 FT			
16A. Johnson City Airport		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY NE 8 Mi	

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE

FOR COMMISSION USE ONLY


E NUMBER:

SEND TO ASB: ☐ YES ☒ NO

RECEIVED JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION: 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			
9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20 30 31 32

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE:

A. NUMBER AND STREET: (or other specific indication)

Lookout Mt.

B. CITY:

Lookout Mt.

C. COUNTY:

Hamilton

D. STATE:

TN

E. COORDINATES: (Degrees, Minutes, Seconds)

LATITUDE: **35-00-34** N LONGITUDE: **85-20-36** W12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. ☒ YES ☐ NO12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? ☐ YES ☒ NO FT

12C. NAME OF CURRENT LICENSEE USING STRUCTURE:

Motorola Inc

12D. CURRENT LICENSEE'S RADIO SERVICE:

YX

12E. CURRENT LICENSEE'S CALL SIGN:

KNEH630

FOR COMMISSION USE ONLY

ASB:

13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND: ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT **80** FT

14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.

14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT

B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT

14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT

15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE **2100** FT16A. ~~16A.~~ NEAREST AIRCRAFT LANDING AREA:16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY **ENE 7 Mi**

APPLICATION FOR STATION AUTHORIZATION IN THE
PRIVATE OPERATIONAL FIXED MICROWAVE RADIO SERVICE


FOR COMMISSION USE ONLY

F NUMBER:

SEND TO ASB: ☐ YES☒ FPMELLON JAN 14 1992

FOR APPLICANT: Use FCC Form 402 Instructions dated December, 1989, or later for reference in completing form.

SECTION I-IDENTIFICATION INFORMATION

1. NAME OF APPLICANT: New Age General Partners		3. CALL SIGN: (If application refers to an existing Part 94 station)	
2. MAILING ADDRESS: (No., street, city, state, ZIP code) 240 Bluff View Drive Guilford, CT 06437		4. LICENSEE IDENTIFICATION NUMBER: (If previously assigned by the Commission)	
<input type="checkbox"/> Check here if you are a current Part 94 licensee and your mailing address, Item 2, IS NOT the address on file.		5A. NAME OF PERSON TO CONTACT REGARDING APPLICATION: Robert W. Geist	
6. TYPE OF APPLICANT: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENTAL ENTITY		5B. TELEPHONE NUMBER OF THE CONTACT: (203) 347-7636	
7. CLASS OF STATION: (enter code) FXO		8. ELIGIBILITY RULE SECTION 90.75(a) 1	
9A. PURPOSE OF APPLICATION: <input checked="" type="checkbox"/> NEW STATION <input type="checkbox"/> MODIFICATION (SEE 9B & 9C) <input type="checkbox"/> MODIFICATION WITH RENEWAL (SEE 9B & 9C) <input type="checkbox"/> ASSIGNMENT OF AUTHORIZATION <input type="checkbox"/> OTHER (SPECIFY) 			

9B.	PATH	ACTION	OLD VALUE OF KEY ITEMS CHANGED							
	A	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	B	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	C	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	D	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	
	E	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	20		30		31		32	

DESCRIBE ANY OTHER CHANGES:

10. WILL THIS SYSTEM BE USED TO PROVIDE A COMMUNICATIONS PRIVATE CARRIER SERVICE TO OTHERS? ☒ YES ☐ NO

SECTION II-ANTENNA INFORMATION

11. LOCATION OF TRANSMITTING ANTENNA STRUCTURE.		
A. NUMBER AND STREET: (or other specific indication) Intersec. Hwy 61&62		B. CITY: Hollywood
C. COUNTY: Charleston	D. STATE: SC	E. COORDINATES: (Degrees, Minutes, Seconds) LATITUDE: 32-44-51 N LONGITUDE: 80-13-32 W
12A. IS THE ANTENNA TO BE MOUNTED ON AN EXISTING ANTENNA STRUCTURE? IF YES, ANSWER ITEMS 12B, C, D, & E. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
12B. WILL THE ANTENNA INCREASE THE HEIGHT OF THE EXISTING STRUCTURE? IF YES, BY HOW MANY FEET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FT		
12C. NAME OF CURRENT LICENSEE USING STRUCTURE: Turkeys Trucking		FOR COMMISSION USE ONLY ASB:
12D. CURRENT LICENSEE'S RADIO SERVICE: LV		
12E. CURRENT LICENSEE'S CALL SIGN: WNNW388		
13. FOR ANTENNA TOWERS (OR POLES) MOUNTED ON THE GROUND, ENTER THE OVERALL HEIGHT ABOVE GROUND OF THE ENTIRE ANTENNA (OR POLE) INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, OBSTRUCTION LIGHTING, ETC. MOUNTED ON IT 500 FT		
14. FOR ANTENNAS OR ANTENNA TOWERS (OR POLES) MOUNTED ON A SUPPORTING STRUCTURE SUCH AS A BUILDING, WATER TOWER, SMOKE STACK, ETC.		
14A. WHAT IS THE OVERALL HEIGHT ABOVE GROUND OF THIS SUPPORTING STRUCTURE? INCLUDE IN THIS HEIGHT ANY ELEVATOR SHAFTS, PENTHOUSES, LIGHTNING RODS, LIGHTS, ETC., WHICH ARE NOT PART OF THE ANTENNA TOWER (OR POLE) FT		
14B. HOW MANY FEET DOES THE ANTENNA TOWER (OR POLE) (INCLUDING ALL ANTENNAS, DISHES, LIGHTNING RODS, LIGHTS, ETC.) INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE IN ITEM 14A? IF THIS ANTENNA OR ANTENNA TOWER (OR POLE) DOES NOT INCREASE THE HEIGHT OF THE SUPPORTING STRUCTURE, ENTER ZERO (0) FT		
14C. WHAT IS THE OVERALL HEIGHT OF THIS SUPPORTING STRUCTURE PLUS THE ANTENNA TOWER (OR POLE)? FT		
15. GIVE THE GROUND ELEVATION ABOVE MEAN SEA LEVEL AT THE ANTENNA SITE 31 FT		
16A. POINT OF NEAREST AIRCRAFT LANDING AREA Pointe a la Poudre River		16B. DIRECTION AND DISTANCE TO NEAREST RUNWAY ESE 13.1 Mi